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CRAZY OR LODESTAR? CULTURE INFLUENCE IN SOCIAL TOLERANCE OF MENTAL ILLNESS

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Objectives
To analyze culture influence in a case report of schizophrenia
To observe how culture modulates, integrates and justifies mental illness.
To discriminate psychiatric pathology against superstitions and beliefs, which requires contextualizing.

Method
Case study. Chronopathobiography
Patient's artwork and manuscripts analysis
Diagnostic and Therapeutic Approach
Literature Comparison

Results
Clinical Case
Woman of 30, with lonely and submissive childhood, becomes a rebellious teenager with substance abuse and purgative anorexia. Finally she settled in India, where her illness debuted. She is accepted as guru-lodestar and respected by local population. For her extravagance, she was brought to Spain and entered in psychiatry.

Symptoms and artwork
Speech and drawings convey the existence of mystical delusions related to Hindu mythology. She shows poor affectivity and uses hyper-rational answers to justify her behaviour and delusion in traditional Hindu legends. Illness was compounded by cannabis abuse.

Diagnosis and treatment
Purging anorexia, cannabis abuse and dependence, paranoid schizophrenia.
Due to absence of treatment adherence, Risperdal Consta® 50mg was elected. Day Hospital attendance and Social Skills Psychotherapy were also proposed.

Literature Comparison
Numerous cases described as saints or lodestar have proved mentally ill as San Simeon de Emeza, Diogenes of Sinope.

Conclusions
Patient immersion into Hindu culture was decisive as modulator of mystical-religious delusions of the case. Social tolerance of mental illness is shown as cultural factor which must be always assessed as diagnostic confusion factor. The need for treatment is related to kind of delusion and culture where appears.

References

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PSYCHOLOGICAL WELL-BEING AND FACIAL EMOTION RECOGNITION IN SCHIZOPHRENIA

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Aims: Literature suggests that schizophrenic patients are impaired in facial emotion recognition. The purpose of this study was to analyse if these deficits are related to psychological well-being and whether they tend to be more associated to positive or negative affect.

Methods: 30 participants with schizophrenia engaged in a facial emotion recognition experiment, which consisted of 30 morphed faces with different 6 emotional intensities of happiness, sadness, anger, fear and disgust. For each morph, participants had to decide which of the 5 emotions was being expressed. Psychological well-being was assessed through the Affect Balance Scale.

Results: There were found significant correlations between facial emotion recognition and general psychological well-being. Negative affect was significantly associated with the total score of the facial emotion recognition experiment and with the recognition of happy and anger emotions.

Conclusions: Emotion recognition seems to be related to the experience of psychological well-being. Particularly, negative affect experiences seem to be partially regulated by mechanisms of recognition of other people’s emotions.